

Grand Traverse Pavilions Foundation

A New PACE Of Caring Campaign

An appeal to create and fund a Program of All-Inclusive Care for the Elderly (PACE) in northern Michigan.

Pledge to the Campaign

I/We recognize the need to build the first Program of All-Inclusive Care for the Elderly (PACE) in our region. This will provide the means for older adults, who need care to help them remain in their homes, while living healthy.

I/We acknowledge the broad need for major gift support to the Grand Traverse Pavilions Foundation, the group raising funds for re-construction and the start-up necessary to make PACE a success.

I/We hope and plan, therefore, on giving a total of:

\$ _____
as indicated by the schedule below.

It is My/Our understanding that this document merely sets forth My/Our wish and intention to make this gift, but does not represent a legal obligation. It is also My/Our understanding that, should circumstances warrant, I/We may increase, reduce, or cancel this commitment.

Schedule of Gifts:

2014: \$ _____

2015: \$ _____

2016: \$ _____

2017: \$ _____

Frequency of Giving:

- ☐ One-Time Gift
- ☐ Monthly ☐ Quarterly ☐ Annually
- ☐ GT Pavilions Staff Payroll Deduction
(Sign appropriate forms in Finance)

Conveyed by:

☐ Cash or Check ☐ MasterCard ☐ Visa ☐ Discover

Card #: _____

Exp. Date: _____

CVV Security Code: _____

Signature: _____

Required by credit card company

☐ Stock or other legacy means: (describe)

Contact Information:

Printed Name(s): _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

Please make checks payable to:

Grand Traverse Pavilions Foundation
1000 Pavilions Circle, Traverse City, MI 49684

Thank You!



Grand Traverse Pavilions
FOUNDATION

231.932.3019 | gtpavilions.org